

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0972

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		31				
5		13				
6		31				
7		13				
8		31				
9		13				
10		11				
11		11				
12		11				
13		11				
14		11				
15		11				
16		11				
17	1					
18		1				
19		1				
20		13				
21		13				
22		31				
23		11				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

	*		*	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
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59				
60				
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95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS